# Drug Supply Chain Security Act Document Doc#00000012801

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)

NDC: 49702-0231-13

Lot Number	Quantity	Unique Serial #
N55W	1	
433G	1	
GR8J	2	

### (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD
REGO PARK NY 11374
Date Purchased & Ref:

SHIPPED TO:
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD
REGO PARK NY 11374
Date Received & Ref:

SOLD TO:
Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 05/22/20 PO#01208044

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Received & Ref: 05/26/20 RC#012058

SOLD TO: Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD

**GARDEN GROVE CA 92843** 

Date Purchased & Ref: 05/27/20 01S24637002

SHIPPED TO:

Name: GLOBAL EXPRESS PHARMACY Address: 10596 GARDEN GROVE BLVD

**GARDEN GROVE CA 92843** 

Date Received & Ref: 05/27/20 01S24637002

SOLD TO:
Name:
Address:

Date Purchased & Ref:

SHIPPED TO:
Name:
Address:
Date Received & Ref:

SOLD TO:
Name:
Address:

Date Purchased & Ref:

SHIPPED TO:
Name:
Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

GOVERNMENT EXHIBIT

91

1:24-cr-20255-WPD

Page: 1 of 2 pages.

WWPB011394

# Drug Supply Chain Security Act Document Doc#00000012801

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)

NDC: 49702-0231-13

Lot Number	Quantity	Unique Serial #
FP4T	3	
LB7W	2	

### (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SHIPPED TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS, LLC Name:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613
Date Purchased & Ref: 05/22/20 PO#01208044

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613
Date Received & Ref: 05/26/20 RC#012058

SOLD TO:
Name: GLOBAL EXPRESS PHARMACY
Address: 10596 GARDEN GROVE BLVD
GARDEN GROVE CA 92843
Date Purchased & Ref: 05/27/20 01S24637002

SOLD TO:

SHIPPED TO:
Name: GLOBAL EXPRESS PHARMACY
Address: 10596 GARDEN GROVE BLVD
GARDEN GROVE CA 92843
Date Received & Ref: 05/27/20 01S24637002

SOLD TO:
Name:
Address:

Date Purchased & Ref:

SHIPPED TO:
Name:
Address:
Date Received & Ref:

SOLD TO:
Name:
Address:

Date Purchased & Ref:

SHIPPED TO:
Name:
Address:
Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2 of 2 pages.

WWPB011395

# Drug Supply Chain Security Act Document Doc# 00000012838

### (TI) Transaction Information

Drug Name, Strength TRIUMEQ , 600; 50			OATED, 30 TABLET, FILM COATE Reference Number:	D in 1 BOTTLE (49702-231-13 01126234
NDC: 49702-0231-1	3		Document Type:	Invoice
Lot Number	Quantity	Unique Serial #	Reference Date:	05/27/20
GR8J	1			
	·			

# (TH) Transaction History

**VIIV HEALTHCARE** Manufacturer's Name:

Manufacturer's information:

Manufacturer's Information:	
SOLD TO:	SHIPPED TO:
Name: BOULEVARD 9229 LLC	Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD	Address: 9229 QUEENS BLVD
REGO PARK NY 11374	REGO PARK NY 11374
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name: SAFE CHAIN SOLUTIONS, LLC	Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR	Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613	CAMBRIDGE MD 21613
Date Purchased & Ref : 05/27/20 PO#01208060	Date Received & Ref : 05/27/20 RC#012081
SOLD TO:	SHIPPED TO:
Name: GLOBAL EXPRESS PHARMACY	Name: GLOBAL EXPRESS PHARMACY
Address: 10596 GARDEN GROVE BLVD	Address: 10596 GARDEN GROVE BLVD
GARDEN GROVE CA 92843	GARDEN GROVE CA 92843
Date Purchased & Ref : 05/27/20 01S24637002	Date Received & Ref : 05/27/20 01S24637002
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
  (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

WWPB011396

# **Drug Supply Chain Security Act Document**

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DOVATO TAB 30CT

NDC: 49702-0246-13

Lot Number Quantity Unique Serial # **A65N** 

Reference Number: **Document Type:** 

INV512 INVOICE

07/24/2020 Reference Date:

### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information: Five Moore Drive Research, Triangle Park, North Carolina 27709-3398

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref:

PO#159657

SHIPPED TO:

Name:

**Independent Pharmacy Cooperative** 

Address: 1550 Columbus Street Sun Prairie, WI 53590

Date Received & Ref: 05/07/20

SOLD TO:

Name: LMP Pharmacy Address: 7535 Main Str

Flushing, NY 11367 05/22/20

Date Purchased & Ref:

PO#5243

SHIPPED TO:

**LMP Pharmacy** Name: Address: 7535 Main Str

Flushing, NY 11367

Date Received & Ref:

SHIPPED TO:

05/22/20

Name: **BNR Wholesaler** Address: 3858 Nostrand Ave Brooklyn, NY 11235

Date Purchased & Ref:

PO#01A2598

Name: **BNR Wholesaler** Address: 3858 Nostrand Ave Brooklyn, NY 11235

06/03/20 Date Received & Ref:

SOLD TO:

SOLD TO:

Name: **BOULEVARD 9229 LLC** 9229 QUEENS BLVD STE 11 REGO PARK, NY 11374 Address:

06/03/20

SHIPPED TO:

Name: **BOULEVARD 9229 LLC** Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

Date Purchased & Ref: 06/05/20 PO#01208419 Date Received & Ref: 06/15/20

SOLD TO:

Address:

Name: SAFE CHAIN SOLUTIONS, LLC

822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 07/24/20 PO#9115 SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613** 

Date Received & Ref: 07/24/20

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1

pages

# Drug Supply Chain Security Act Document Doc#00000015424

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**TIVICAY 50MG TAB 30CT,** 

NDC: 49702-0228-13

 Lot Number
 Quantity
 Unique Serial #

 9R2Y
 1

 HC6L
 1

 WS3J
 1

Reference Number: \_

01I31650 Invoice

Document Type: Reference Date:

08/24/20

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's informationFive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Purchased & Ref: 08/18/20 851071	SHIPPED TO: Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref: 08/18/20 851071
SOLD TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Purchased & Ref: 08/20/20 2690	SHIPPED TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref: 08/20/20 2690
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 08/21/20 PO#01209427	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref: 08/24/20 RC#013778
SOLD TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVE. W BLOOMFIELD NJ 07003 Date Purchased & Ref: 08/24/20 01S27686004	SHIPPED TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVENUE W NEWARK NJ 07107 Date Received & Ref: 08/24/20 01S27686004
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc#00000015420

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**TIVICAY 50MG TAB 30CT,** 

NDC: 49702-0228-13

 Lot Number
 Quantity
 Unique Serial #

 9R2Y
 1

 HC6L
 1

 WS3J
 1

Reference Number: \_

Invoice

Document Type: Reference Date:

08/24/20

01131650

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information ive Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SHIPPED TO:
Name: DROGUERIA BETANCES Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 Date Received & Ref: 08/18/20 851071
SHIPPED TO: Name: GENTEK LLC Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 Date Received & Ref: 08/20/20 2690
SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref: 08/24/20 RC#013778
SHIPPED TO: Name: GIANNOTTO'S SPECIALTY PHARMACY Address: 195 FIRST AVENUE W NEWARK NJ 07107 Date Received & Ref: 08/24/20 01S27686004
SHIPPED TO: Name: Address: Date Received & Ref :

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc# 00000017378

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

JULUCA TAB 30CT,

50/25MG

NDC: 49702-0242-13

Lot Number Quantity Unique Serial # **S76K** 1 FN4D 6 CT5U 2

Reference Number: **Document Type:** 

01137029 Invoice

Reference Date:

11/10/20

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: FIVE MOORE DRIVE RESEARCH TRIANGLE, NC 27709

SOLD TO:

Name: DROGUERIA BETANCES

Address: LUIS MUNOZ MARIN AVE, ESQ. EL TROCHE

CAGAS, PR 00725

PO#V82453 Date Purchased & Ref: 11/05/20

SHIPPED TO:

**DROGUERIA BETANCES** 

Address: LUIS MUNOZ MARIN AVE, ESQ. EL TROCHE

CAGAS, PR 00725

PO#V82453 Date Purchased & Ref: 11/05/20

SOLD TO:

Name: **GENTEK LLC** 

Address: 45 CEDAR STUNIT 3

STAMFORD CT 06902

SHIPPED TO:

**GENTEK LLC** Name: Address: 45 CEDAR STUNIT 3

STAMFORD CT 06902

Date Purchased & Ref: 11/09/20 PO#85148 Date Received & Ref: 11/09/20 PO#85148

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref : 11/09/20 SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

PO#01210538 11/10/20 RC#015177 Date Received & Ref :

SOLD TO:

Name: **OLYMPIA PLAZA PHARMACY INC** 

Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

Date Purchased & Ref : 11/10/20 01S32820003 SHIPPED TO:

**OLYMPIA PLAZA PHARMACY INC** Name: Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036

Date Received & Ref: 11/10/20 01S32820003

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc#00000018008

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-2\( \beta 1-13\)

Reference Number: 01138921

NDC: 49702-0231-13

Lot Number | Quantity | Unique Serial # | Reference Date: | 12/08/20 |

Lot Number Quantity Unique Serial #
354K 1

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: SHIPPED TO:

Name: AMERISOURCEBERGEN DRUG CORP. Name: AMERISOURCEBERGEN DRUG CORP.

Address: 5500 NEW HORIZONS BLVD Address: 5500 NEW HORIZONS BLVD

NORTH AMITYVILLE, NY 11701-1156 NORTH AMITYVILLE, NY 11701-1156

Date Purchased & Ref : 10/14/19 PO#A142385 Date Received & Ref : 10/14/19 PO#A142385

SOLD TO: SHIPPED TO:

Name: AMSTERDAM WELLNESS PHARMACY INC Name: AMSTERDAM WELLNESS PHARMACY INC

Address: 2091 AMSTERDAM AVE

NEW YORK, NY 10032-8210

| Address: 2091 AMSTERDAM AVE
| NEW YORK, NY 10032-8210

Date Purchased & Ref : 11/12/19 PO#20191112 Date Received & Ref : 11/12/19 PO#20191112

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

REGO PARK NY 11374 REGO PARK NY 11374

Date Purchased & Ref: 12/08/19 PO#01262122 Date Received & Ref: 12/08/19 PO#01262122

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS LLC

Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613
Address: 822 CHESAPEAKE DR
CAMBRIDGE MD 21613

Date Purchased & Ref : 12/01/20 PO#01210838 Date Received & Ref : 12/02/20 RC#015589

SOLD TO: SHIPPED TO:

Name: CIENEGA PHARMACY

Name: CIENEGA PHARMACY

Address: 7360 SANTA MONICA BLVD #101 Address: 7360 SANTA MONICA BLVD #101
WEST HOLLYWOOD CA 90046 WEST HOLLYWOOD CA 90046

Date Purchased & Ref: 12/08/20 01S35521001 Date Received & Ref: 12/08/20 01S35521001

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

# **Drug Supply Chain Security Act Document**

SHIPPED TO:

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-2\( \beta 1-13\)

01138921 Reference Number:

NDC: 49702-0231-13 Invoice

**Document Type:** 12/08/20 **Reference Date:** Lot Number Quantity **Unique Serial # 7N9J** 1

# (TH) Transaction History

**7N9K** 

SOLD TO:

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive, Research Triangle Park, North Carolina 27709-3398

Name: Name: AMERISOURCEBERGEN DRUG CORP. AMERISOURCEBERGEN DRUG CORP. Address:5500 NEW HORIZONS BLVD Address: 5500 NEW HORIZONS BLVD

NORTH AMITYVILLE, NY 11701-1156 NORTH AMITYVILLE, NY 11701-1156

Date Received & Ref: Date Purchased & Ref: 10/17/19 10/17/19 PO#A142423 PO#A142423

SOLD TO: SHIPPED TO:

Name: **AMSTERDAM WELLNESS PHARMACY INC** AMSTERDAM WELLNESS PHARMACY INC Name:

Address: 2091 AMSTERDAM AVE Address: 2091 AMSTERDAM AVE **NEW YORK, NY 10032-8210 NEW YORK, NY 10032-8210** 

Date Purchased & Ref: 11/22/19 PO#20191122 Date Received & Ref: PO#20191122 11/22/19

SOLD TO: SHIPPED TO:

Name: **BOULEVARD 9229 LLC BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD

**REGO PARK NY 11374 REGO PARK NY 11374** 

Date Purchased & Ref: 12/05/19 Date Received & Ref: 12/05/19 PO#01258999 PO#01258999

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

Date Received & Ref: 12/02/20 Date Purchased & Ref: 12/01/20 RC#015589 PO#01210838

SOLD TO: SHIPPED TO:

Name: CIENEGA PHARMACY CIENEGA PHARMACY Address: 7360 SANTA MONICA BLVD #101 Address: 7360 SANTA MONICA BLVD #101

**WEST HOLLYWOOD CA 90046 WEST HOLLYWOOD CA 90046** 

Date Purchased & Ref : 12/08/20 Date Received & Ref: 12/08/20 01S35521001 01S35521001

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

# Drug Supply Chain Security Act Document Doc#00000018008

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-2\( \beta 1-13\)

Reference Number: 01l38921

NDC: 49702-0231-13 Document Type: Invoice

Lot Number Quantity Unique Serial # V79D 3

Reference Date: 12/08/20

### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's information Five Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO:
Name: AMERISOURCEBERGEN DRUG CORP.
Address: 5500 NEW HORIZONS BLVD

SHIPPED TO:
Name: AMERISOURCEBERGEN DRUG CORP.
Address: 5500 NEW HORIZONS BLVD

NORTH AMITYVILLE, NY 11701-1156 NORTH AMITYVILLE, NY 11701-1156

Date Purchased & Ref : 10/17/19 PO#A142423 Date Received & Ref : 10/17/19 PO#A142423

SOLD TO: SHIPPED TO:

Name: AMSTERDAM WELLNESS PHARMACY INC Name: AMSTERDAM WELLNESS PHARMACY INC

Address: 2091 AMSTERDAM AVE
NEW YORK, NY 10032-8210

Address: 2091 AMSTERDAM AVE
NEW YORK, NY 10032-8210

NEW YORK, NY 10032-8210

Date Purchased & Ref : 11/14/19 PO#20191114 Date Received & Ref : 11/14/19 PO#20191114

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

REGO PARK NY 11374 REGO PARK NY 11374

Date Purchased & Ref : 12/06/19 PO#012159654 Date Received & Ref : 12/06/19 PO#012159654

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref : 12/01/20 PO#01210838 Date Received & Ref : 12/02/20 RC#015589

SOLD TO: SHIPPED TO:

Name: CIENEGA PHARMACY
Address: 7360 SANTA MONICA BLVD #101
Name: CIENEGA PHARMACY
Address: 7360 SANTA MONICA BLVD #101

WEST HOLLYWOOD CA 90046 WEST HOLLYWOOD CA 90046

Date Purchased & Ref : 12/08/20 01S35521001 Date Received & Ref : 12/08/20 01S35521001

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 2 of 2 pages.

# Drug Supply Chain Security Act Document Doc# 00000019052

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)

01140557 Reference Number:

NDC: 49702-0231-13

Invoice **Document Type:** 01/06/21

Reference Date:

Unique Serial # Lot Number Quantity UC3R 1

(TH) Transaction History

**VIIV HEALTHCARE** Manufacturer's Name:

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK,NC 27709

Name: AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref: 10/17/19 PO#A142423 SHIPPED TO:

AMERISOURCEBERGEN DRUG CP Address: 5500 NEW HORIZONS BLVD.

> **NORTH AMITYVILLE NY 11701-1156** PO#A142423

Date Received & Ref: 10/17/19

SOLD TO:

Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE

**NEW YORK NY 10032-8210** 

SHIPPED TO:

AMSTERDAM WELLNESS PHARMA Name:

Address: 2091 AMSTERDAM AVE

**NEW YORK NY 10032-8210** 

PO#20191115 Date Received & Ref: 11/15/19 PO#20191115 Date Purchased & Ref: 11/15/19

SOLD TO:

Name: **BOULEVARD 9229 LLC** Address: 9229 QUEENS BLVD

**REGO PARK NY 11374** 

PO#01262122

SHIPPED TO:

**BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD

**REGO PARK NY 11374** 

Date Purchased & Ref: 12/08/19 Date Received & Ref: 12/08/19 PO#01262122

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

PO#01211295 Date Purchased & Ref : 01/04/21

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

RC#016278 Date Received & Ref: 01/05/21

SOLD TO:

Name: **HEALTHMAX PHARMACY** Address: 80-07 JAMAICA AVENUE

**WOODHAVEN NY 11421** 

Date Purchased & Ref: 01/06/21

01S36772001

SHIPPED TO:

**HEALTHMAX PHARMACY** Name: Address: 80-07 JAMAICA AVENUE

**WOODHAVEN NY 11421** 

01S36772001 Date Received & Ref: 01/06/21

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc# 00000020451

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-231-13)

Reference Number: 01I43009

NDC: 49702-0231-13

Document Type: Reference Date: Invoice 02/15/21

Lot Number Quantity Unique Serial #
GS5E 2

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD
REGO PARK NY 11374

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD
REGO PARK NY 11374

Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 02/11/21 PO#01211914 | Date Received & Ref: 02/12/21 RC#017078

SOLD TO: SHIPPED TO:

Name: MAIN STREET PHARMACY
Address: 667 MAIN STREET
Address: 667 MAIN STREET
Address: 667 MAIN STREET

LAUREL MD 20707 LAUREL MD 20707

Date Purchased & Ref: 02/15/21 01S39168001 | Date Received & Ref: 02/15/21 01S39168001

SOLD TO:
Name:
Address:

SHIPPED TO:
Name:
Address:

Date Purchased & Ref : Date Received & Ref :

SOLD TO:
Name:
Address:
SHIPPED TO:
Name:
Address:

Date Purchased & Ref : Date Received & Ref :

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc#00000021115

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT,

600/50/300MG

NDC: 49702-0231-13

Lot Number Quantity Unique Serial #
2T4G 1
7N9K 1
GS5E 4

Reference Number:

01I44144 Invoice

Document Type: Reference Date:

Date Received & Ref: 03/03/21

SHIPPED TO:

Name:

Address:

03/03/21

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** 

Date Purchased & Ref : Date Received & Ref :

01S40011001

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref: 03/03/21

SOLD TO:

Address:

Name:

Page: 1 of 3 pages.

01S40011001

# Drug Supply Chain Security Act Document Doc#00000021115

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT,

600/50/300MG

NDC: 49702-0231-13

Lot Number Quantity Unique Serial #
GS5G 1
N78R 1
RN2K 2

Reference Number:

01144144

Document Type: Reference Date:

Invoice 03/03/21

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's informationive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 2 of 3 pages.

**Unique Serial #** 

# Drug Supply Chain Security Act Document Doc#00000021115

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT,

600/50/300MG NDC: 49702-0231-13

NDC: 49/02-0231-13

Lot Number Quantity

V79D

Reference Number:

Document Type:

01I44144 Invoice

Reference Date:

03/03/21

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 3 of 3 pages.

# Drug Supply Chain Security Act Document Doc# 00000021236

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Lot Number Quantity Unique Serial # HC3V 4 WS3J 2

Reference Number:

01144344

**Document Type:** 

Invoice

03/05/21 Reference Date:

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK.NC 27709

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref: 11/09/20 20750128 SHIPPED TO:

AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156 Date Received & Ref: 11/09/20 20750128

SOLD TO:

Name: RAPIDS TEX WHOLESALES CRP

Address: 10333 HARWIN DR. STE 263

**HOUSTON TX 77036** 

Date Purchased & Ref: 12/07/20 9773734 SHIPPED TO:

RAPIDS TEX WHOLESALES CRP Name: Address: 10333 HARWIN DR. STE 263

**HOUSTON TX 77036** 

Date Received & Ref: 12/07/20 9773734

SOLD TO:

Name: MR.UNLIMITED, LLC

Address: ATTN:ACCOUNTS RECEIVABLE

**BRENHAM TX 77833** 

Date Purchased & Ref: 03/04/21 52741RTWSF SHIPPED TO:

MR.UNLIMITED, LLC Name:

Address: ATTN:ACCOUNTS RECEIVABLE

**BRENHAM TX 77833** 

Date Received & Ref: 03/04/21 52741RTWSF

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

PO#01212162 Date Purchased & Ref : 03/03/21

SHIPPED TO:

**SAFE CHAIN SOLUTIONS - UT** Name:

Address: 1812 W SUNSET BLVD

ST. GEORGE UT 84770

RC#017501 Date Received & Ref: 03/05/21

SOLD TO:

**ELDER PHARMACY** Name:

Address: 1527 WESTCHESTER AVE.

**BRONX NY 10472** 

01S40156001 Date Purchased & Ref: 03/05/21

SHIPPED TO:

**ELDER PHARMACY LLC** Name:

Address: 1527 WESTCHESTER AVE

**BRONX NY 10472** 

01S40156001 Date Received & Ref: 03/05/21

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc# 00000021475

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

JULUCA TAB 30CT,

50/25MG

NDC: 49702-0242-13

Lot Number Quantity Unique Serial # R43R 1

Reference Number:

01144803

**Document Type:** Reference Date: Invoice 03/12/21

### (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information: Five Moore Drive RESEARCH TRIANGLE PARK.NC 27709

Name: AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref: 11/09/20 20750128 SHIPPED TO:

AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156 Date Received & Ref: 11/09/20 20750128

SOLD TO:

Name: RAPIDS TEX WHOLESALES CRP

Address: 10333 HARWIN DR. STE 263

**HOUSTON TX 77036** 

Date Purchased & Ref: 01/29/21 9773779 SHIPPED TO:

RAPIDS TEX WHOLESALES CRP Name: Address: 10333 HARWIN DR. STE 263

**HOUSTON TX 77036** 

Date Received & Ref: 01/29/21 9773779

SOLD TO:

Name: MR.UNLIMITED, LLC

Address: ATTN:ACCOUNTS RECEIVABLE

**BRENHAM TX 77833** 

Date Purchased & Ref: 03/11/21 52784RTWSC SHIPPED TO:

MR.UNLIMITED, LLC Name:

Address: ATTN:ACCOUNTS RECEIVABLE

**BRENHAM TX 77833** 

Date Received & Ref: 03/11/21 52784RTWSC

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

PO#01212254 Date Purchased & Ref : 03/10/21

SHIPPED TO:

**SAFE CHAIN SOLUTIONS - UT** Name:

Address: 1812 W SUNSET BLVD

ST. GEORGE UT 84770

RC#017625 Date Received & Ref: 03/12/21

SOLD TO:

Name: **GREENVILLE PHARMACY LLC** Address: 1850 JOHN F KENNEDY BLVD.

**JERSEY CITY NJ 07305** 

01S40546002 Date Purchased & Ref: 03/12/21

SHIPPED TO:

**GREENVILLE PHARMACY LLC** Name: Address: 1850 JOHN F KENNEDY BLVD

**JERSEY CITY NJ 07305** 

Date Received & Ref: 03/12/21 01S40546002

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

	Name, Strength, Dosage Form, Container Si	iner Size	Contain	Form,	Dosage	Strength.	Name.	Drug
--	---	-----------	---------	-------	--------	-----------	-------	------

JULUCA TAB 30CT, 50; 25 mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-242-13)

01145682 Reference Number:

NDC: 49702-0242-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** BV4B 2 MW5J 1

(TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613** 

Date Received & Ref: 03/25/21

SOLD TO:

Name: **TOTAL REMEDY & PRESCRIPTION CENTER** Name:

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** 

Date Purchased & Ref: 03/26/21 01S41004002 SHIPPED TO:

**TOTAL REMEDY & PRESCRIPTION CENTER** 

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** Date Received & Ref: 03/26/21 01S41004002

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

RC#017833

# Drug Supply Chain Security Act Document Doc#00000021830

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

Reference Number: 01I45710

NDC: 49702-0228-13

Lot Number | Quantity | Unique Serial # | Reference Date: | 03/26/21

Lot Number Quantity Unique Serial #

2Y7S 1

682E 4

7J4V 1

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

SOLD TO:
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD
REGO PARK NY 11374
Date Purchased & Ref:

SHIPPED TO:
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD
REGO PARK NY 11374
Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21 PO#01212452

SHIPPED TO:
Name: SAFE

Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/26/21 RC#017834

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref: 03/26/21 01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017

Date Received & Ref: 03/26/21 01S41410001

SOLD TO:
Name:
Address:

Date Purchased & Ref :

SHIPPED TO:
Name:
Address:
Date Received & Ref :

SOLD TO:
Name:
Address:

Date Purchased & Ref:

SHIPPED TO:
Name:
Address:
Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 8 pages.

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** 8L3M 3 9R2Y 2 **E76Y** 1

# (TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

RC#017834 Date Received & Ref: 03/26/21

SOLD TO:

Name: **TOTAL REMEDY & PRESCRIPTION CENTER** 

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** 

Date Purchased & Ref: 03/26/21 01S41410001 SHIPPED TO:

**TOTAL REMEDY & PRESCRIPTION CENTER** Name:

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** Date Received & Ref: 03/26/21 01S41410001

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2 of 8 pages.

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

Drua N	lame. Stre	enath. Dos	sage Form	n, Container	Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 

Lot Number Quantity **Unique Serial #** FU5E 5 GH3U 1 HN9W 1

03/26/21 Reference Date:

# (TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref: SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name:

Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

RC#017834 PO#01212452 Date Received & Ref: 03/26/21 Date Purchased & Ref: 03/25/21

SOLD TO: SHIPPED TO: Name: **TOTAL REMEDY & PRESCRIPTION CENTER TOTAL REMEDY & PRESCRIPTION CENTER** Name:

Address: 1234 WILSHIRE BLVD #106 Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017 LOS ANGELES CA 90017** 

Date Received & Ref: 03/26/21 01S41410001 Date Purchased & Ref: 03/26/21 01S41410001

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 3 of 8 pages.

# Drug Supply Chain Security Act Document Doc#00000021836

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

Reference Number: 01I45710

NDC: 49702-0228-13

Lot Number | Quantity | Unique Serial # | Reference Date: | 03/26/21

Lot Number Quantity Unique Serial #

LK9U 1

PN5E 3

RJ8T 1

# (TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

 SOLD TO:
 SHIPPED TO:

 Name:
 BOULEVARD 9229 LLC

 Address:
 9229 QUEENS BLVD

 REGO PARK NY 11374
 REGO PARK NY 11374

 Date Purchased & Ref:
 Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref : 03/26/21 RC#017834

SOLD TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Purchased & Ref: 03/26/21

01S41410001

SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106

LOS ANGELES CA 90017

Date Received & Ref: 03/26/21 01S41410001

SOLD TO:
Name:
Address:

Date Purchased & Ref :

SHIPPED TO:
Name:
Address:
Date Received & Ref :

SOLD TO:
Name:
Address:

Date Purchased & Ref :

SHIPPED TO:
Name:
Address:
Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 4 of 8 pages.

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** RT6F RW9Y 1 SY7D 2

(TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

RC#017834 Date Received & Ref: 03/26/21

SOLD TO:

Name: **TOTAL REMEDY & PRESCRIPTION CENTER** 

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** 

Date Purchased & Ref: 03/26/21 01S41410001 SHIPPED TO:

**TOTAL REMEDY & PRESCRIPTION CENTER** Name:

Address: 1234 WILSHIRE BLVD #106 **LOS ANGELES CA 90017** 

Date Received & Ref: 03/26/21 01S41410001

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 5 of 8 pages.

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

Drug Name,	Strength,	Dosage	Form,	Container	Size:
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TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** SY7L 1 T96C 1 VT3C 1

(TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref:

SOLD TO:

SOLD TO:

Name:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

**TOTAL REMEDY & PRESCRIPTION CENTER** 

Date Received & Ref: 03/26/21 SHIPPED TO:

SHIPPED TO:

Name:

**TOTAL REMEDY & PRESCRIPTION CENTER** Name:

SAFE CHAIN SOLUTIONS

**CAMBRIDGE MD 21613** 

Address: 822 CHESAPEAKE DR

Address: 1234 WILSHIRE BLVD #106 Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017 LOS ANGELES CA 90017** 

Date Received & Ref: 03/26/21 01S41410001 Date Purchased & Ref: 03/26/21 01S41410001

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 6 of 8 pages.

RC#017834

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** WP4P **Y22W** 2 SH7B 1

# (TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref:

SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613** 

RC#017834 Date Received & Ref: 03/26/21

SOLD TO:

Name: **TOTAL REMEDY & PRESCRIPTION CENTER** 

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** 

Date Purchased & Ref: 03/26/21 01S41410001 SHIPPED TO:

**TOTAL REMEDY & PRESCRIPTION CENTER** Name:

Address: 1234 WILSHIRE BLVD #106 **LOS ANGELES CA 90017** 

Date Received & Ref: 03/26/21 01S41410001

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 7 of 8 pages.

# **Drug Supply Chain Security Act Document**

# (TI) Transaction Information

<b>Drug Name</b>	, Strength,	Dosage	Form,	Container	Size:
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TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** GB2K

# (TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's information:

SHIPPED TO: SOLD TO: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD **REGO PARK NY 11374 REGO PARK NY 11374** Date Purchased & Ref : Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/25/21

PO#01212452

**CAMBRIDGE MD 21613** 

SHIPPED TO:

Name:

RC#017834 Date Received & Ref: 03/26/21

Address: 822 CHESAPEAKE DR

SAFE CHAIN SOLUTIONS

SOLD TO:

Name: **TOTAL REMEDY & PRESCRIPTION CENTER** 

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** 

Date Purchased & Ref: 03/26/21

01S41410001

SHIPPED TO:

**TOTAL REMEDY & PRESCRIPTION CENTER** Name:

Address: 1234 WILSHIRE BLVD #106

**LOS ANGELES CA 90017** 

Date Received & Ref: 03/26/21 01S41410001

SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 8 of 8 pages.

# Drug Supply Chain Security Act Document Doc#00000021694

SHIPPED TO:

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

Reference Number: 01I45710

NDC: 49702-0228-13

Lot Number | Quantity | Unique Serial # | Reference Date: | 03/26/21

Lot Number Quantity Unique Serial #

682H 3

FU5E 2

GH3U 5

(TH) Transaction History

SOLD TO:

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive RESEARCH TRIANGLE PARK,NC 27709

Name: AMERISOURCEBERGEN DRUG CP
Address: 5500 NEW HORIZONS BLVD.

Name: AMERISOURCEBERGEN DRUG CP
Address: 5500 NEW HORIZONS BLVD.

NORTH AMITYVILLE NY 11701-1156 NORTH AMITYVILLE NY 11701-1156

Date Purchased & Ref: 09/30/19 Date Received & Ref: 09/30/19

SOLD TO: SHIPPED TO:

Name: AMSTERDAM WELLNESS PHARMA Name: AMSTERDAM WELLNESS PHARMA

Address: 2091 AMSTERDAM AVE Address: 2091 AMSTERDAM AVE

NEW YORK NY 10032-8210 NEW YORK NY 10032-8210

Date Purchased & Ref : 11/06/19 20191106 Date Received & Ref : 11/06/19 20191106

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

Address: 9229 QUEENS BLVD

REGO PARK NY 11374 REGO PARK NY 11374

Date Purchased & Ref : Date Received & Ref :

SOLD TO: || SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/19/21 PO#01212358 | Date Received & Ref: 03/19/21 RC#017738

SOLD TO: SHIPPED TO:

Name: TOTAL REMEDY & PRESCRIPTION CENTER Name: TOTAL REMEDY & PRESCRIPTION CENTER

Address: 1234 WILSHIRE BLVD #106
LOS ANGELES CA 90017

Address: 1234 WILSHIRE BLVD #106
LOS ANGELES CA 90017

Date Purchased & Ref: 03/26/21 01S41410001 Date Received & Ref: 03/26/21 01S41410001

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

# **Drug Supply Chain Security Act Document**

SHIPPED TO:

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT, 50 mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE (49702-228-13)

01145710 Reference Number:

NDC: 49702-0228-13 Invoice **Document Type:** 03/26/21 Reference Date:

Lot Number Quantity **Unique Serial #** 2 RN2F

(TH) Transaction History

SOLD TO:

Manufacturer's Name: **VIIV HEALTHCARE** 

Manufacturer's informationive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

Name: AMERISOURCEBERGEN DRUG CP AMERISOURCEBERGEN DRUG CP

Address: 5500 NEW HORIZONS BLVD. Address: 5500 NEW HORIZONS BLVD.

**NORTH AMITYVILLE NY 11701-1156 NORTH AMITYVILLE NY 11701-1156** 

Date Purchased & Ref: 09/30/19 A141638 Date Received & Ref: 09/30/19

SOLD TO: SHIPPED TO:

Name: **AMSTERDAM WELLNESS PHARMA AMSTERDAM WELLNESS PHARMA** Name:

Address: 2091 AMSTERDAM AVE Address: 2091 AMSTERDAM AVE **NEW YORK NY 10032-8210 NEW YORK NY 10032-8210** 

20191106 20191106 Date Received & Ref: 11/06/19 Date Purchased & Ref: 11/06/19

SOLD TO: SHIPPED TO:

Name: **BOULEVARD 9229 LLC BOULEVARD 9229 LLC** Name: Address: 9229 QUEENS BLVD Address: 9229 QUEENS BLVD

**REGO PARK NY 11374 REGO PARK NY 11374** 

Date Purchased & Ref: Date Received & Ref:

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

Date Purchased & Ref: 03/19/21 PO#01212358 Date Received & Ref: 03/19/21 RC#017738

SOLD TO: SHIPPED TO:

Name: **TOTAL REMEDY & PRESCRIPTION CENTER TOTAL REMEDY & PRESCRIPTION CENTER** 

Address: 1234 WILSHIRE BLVD #106 Address: 1234 WILSHIRE BLVD #106 **LOS ANGELES CA 90017 LOS ANGELES CA 90017** 

Date Received & Ref: 03/26/21 01S41410001 Date Purchased & Ref: 03/26/21 01S41410001

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 2 of 2 pages.

# Drug Supply Chain Security Act Document Doc#00000021304

# (TI) Transaction Information

Drug Name, Strengt	h, Dosage Form, Co	ntainer Size:		
<b>TIVICAY 50MG TA</b>	AB 30CT, 50 mg/1,	TABLET, FILM COAT	ED, 30 TABLET, FILM COATED in	n 1 BOTTLE (49702-228-13)
	, ,	•	Reference Number:	01145710 `
NDC: 49702-0228-1	13		Document Type:	Invoice
Lot Number	Quantity	Unique Serial #	Reference Date:	03/26/21
	_		_	

Lot Number	Quantity	Unique Serial #
LD3H	2	

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information:

Manufacturer's information:	
SOLD TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Purchased & Ref:	SHIPPED TO: Name: BOULEVARD 9229 LLC Address: 9229 QUEENS BLVD REGO PARK NY 11374 Date Received & Ref:
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 03/08/21 PO#01212210	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref: 03/08/21 RC#017537
SOLD TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Purchased & Ref: 03/26/21 01S41410001	SHIPPED TO: Name: TOTAL REMEDY & PRESCRIPTION CENTER Address: 1234 WILSHIRE BLVD #106 LOS ANGELES CA 90017 Date Received & Ref: 03/26/21 01S41410001
SOLD TO: Name: Address: Date Purchased & Ref :	SHIPPED TO: Name: Address: Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

# Drug Supply Chain Security Act Document Doc#00000049379

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Dovato 50mg/300mg Tablet, 30 EA

49702-0246-13 NDC:

Lot Number Quantity **Expiration Date** KE3G 08/22 4

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

# (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Date Purchased & Ref:

Name:

Address:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049380

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Evotaz 300mg/150mg, 30 EA

00003-3641-11 NDC:

Lot Number Quantity **Expiration Date CFHSFA** 03/22 2

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

# (TH) Transaction History

Manufacturer's Name: **Bristol Meyers** Manufacturer's information: New York, NY 10016

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Purchased & Ref:

Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049381

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Intelence 200mg Tablet, 60 EA

Reference Number: SC00001

59676-0571-01 NDC:

Lot Number Quantity **Expiration Date** KGL0002 06/23 3 JKL2100 1 10/22

Customer PO #:

000679

**Document Type:** 

Invoice

Reference Date:

6/9/2021

### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO: Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name: Address:

SHIPPED TO:

Name:

Address:

Date Purchased & Ref :

Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049382

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Isentress 400mg Tablet, 60 EA

00006-0227-61 Quantity

Lot Number **Expiration Date** T032933 12/22 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

# (TH) Transaction History

Manufacturer's Name: Merck & Co. Inc. Manufacturer's information: Kenilworth, NJ07033

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049383

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Juluca 50mg/25mg Tablet, 30 EA

49702-0242-13 NDC:

Lot Number Quantity **Expiration Date** MW5J 08/23 1 BV4B 1 08/23

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

# (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref:

SOLD TO: Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049384

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Kaletra 200mg/50mg, 120 EA

Customer PO #:

Reference Number: SC00001 000679

00074-6799-22 NDC:

Lot Number Quantity **Expiration Date** 1127921 05/22 1

**Document Type:** 

Invoice

Reference Date:

6/9/2021

### (TH) Transaction History

Manufacturer's Name: AbbVie Inc.

Manufacturer's information: North Chicago, IL 60064

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC

Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

A982776

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name: Address:

Name:

Date Purchased & Ref :

Date Purchased & Ref:

Address:

SHIPPED TO:

Date Received & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

10/24

A982776

# Drug Supply Chain Security Act Document Doc#00000049385

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 120 120mg Tablet, 30 EA

Reference Number: SC00001

63402-0312-30 NDC:

R0962930P

Lot Number Quantity **Expiration Date** R0850630 08/24 4 R0636130P 1 06/24

Customer PO #:

000679

**Document Type:** Reference Date:

Invoice 6/9/2021

# (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

1

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SHIPPED TO:

SOLD TO:

Address:

Name:

Address:

Date Received & Ref:

# Name:

Date Purchased & Ref :

Date Purchased & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049386

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 120 120mg Tablet, 30 EA

Reference Number: SC00001

63402-0312-30 NDC:

Lot Number Quantity **Expiration Date** S0037330 12/24 2 R0962630P 1 10/24 R0057030 01/24 1

Customer PO #:

000679

**Document Type:** Reference Date:

Invoice 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679

A982776

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name: Address:

SHIPPED TO:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref:

SOLD TO: Name:

Address:

Name: Address:

Date Purchased & Ref :

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049387

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 20 20mg Tablet, 30 EA

63402-0302-30

Lot Number Quantity **Expiration Date** 7021C30P 06/24 2 7019C30P 1 05/24 7035C30P 03/25 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049388

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 20 20mg Tablet, 30 EA

63402-0302-30

NDC: Lot Number Quantity **Expiration Date** 7029C30 10/24 2 7022C30 1 08/24 R0907630 08/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049389

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 20 20mg Tablet, 30 EA

63402-0302-30

Lot Number Quantity **Expiration Date** 7018C30P 05/24 1 7031C30 1 10/24

Reference Number: SC00001

**Document Type:** 

Customer PO #:

000679 Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049390

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 40 40mg Tablet, 30 EA

Reference Number: SC00001

63402-0304-30 NDC:

Lot Number Quantity **Expiration Date** 1351C30P 10/24 5 3180456 1 05/24 05/24 1312C30P 1

Customer PO #: **Document Type:**  000679 Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SHIPPED TO:

SOLD TO:

Name:

Address:

Name: Address:

Date Received & Ref:

## Date Purchased & Ref :

Date Purchased & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049391

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 40 40mg Tablet, 30 EA

Reference Number: SC00001

63402-0304-30 NDC:

Customer PO #:

000679

Lot Number Quantity **Expiration Date** 1350C30P 10/24 2 3184973 1 09/24 1321C30P 06/24 1

**Document Type:** Reference Date:

Invoice 6/9/2021

## (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref :

Date Purchased & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049392

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 40 40mg Tablet, 30 EA

Customer PO #:

Reference Number: SC00001 000679

63402-0304-30 NDC:

1328C30PA

Lot Number Quantity **Expiration Date** R0056430P 12/23 2 3188091 1 11/24

**Document Type:** 

Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

1

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

A982776

07/24

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

SHIPPED TO: Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049393

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 40 40mg Tablet, 30 EA

63402-0304-30

Lot Number Quantity **Expiration Date** 1375C30P 03/25 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO: Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049394

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 60 60mg Tablet, 30 EA

63402-0306-30

Lot Number Quantity **Expiration Date** 3188092 09/24 4 3179014 1 02/24 08/24 3185566 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

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Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049395

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 60 60mg Tablet, 30 EA

63402-0306-30

NDC: Lot Number Quantity **Expiration Date** 3186387 09/24 2 3182550 1 03/24 3187128 1 12/24

Reference Number: SC00001

Customer PO #:

000679

**Document Type:** 

Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

A982776

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049396

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 60 60mg Tablet, 30 EA

63402-0306-30

Lot Number Quantity **Expiration Date** 3188103 12/24 2 3183390 1 06/24 3189978 04/25 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Purchased & Ref: Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049397

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 60 60mg Tablet, 30 EA

63402-0306-30

NDC: Lot Number Quantity **Expiration Date** 3179013 02/24 1 3184209 1 06/24 1331C30P 07/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** 

Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049398

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 80 80mg Tablet, 30 EA

63402-0308-30

NDC: Lot Number Quantity **Expiration Date** 1316C30 05/24 3 1317C30 1 05/24 P0555230P 06/22 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref:

Date Purchased & Ref :

SOLD TO:

Name: Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049399

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 80 80mg Tablet, 30 EA

63402-0308-30

NDC: Lot Number Quantity **Expiration Date** 1307C30P 04/24 2 1318C30 1 05/24 R0440730P 04/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

# (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049400

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 80 80mg Tablet, 30 EA

63402-0308-30

Lot Number Quantity **Expiration Date** R0441630 04/24 2 1342C30P 1 09/24 R0556530P 05/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref:

SOLD TO: Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049401

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 80 80mg Tablet, 30 EA

63402-0308-30

Lot Number Quantity **Expiration Date** 3180461 12/23 1 1358C30P 1 11/24 R0556630P 05/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC

Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

SHIPPED TO:

Name:

Date Received & Ref:

#### Address:

Date Purchased & Ref :

Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

A982776

- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049402

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 80 80mg Tablet, 30 EA

63402-0308-30

NDC: Lot Number Quantity **Expiration Date** 1277C30 11/23 1 1362C30 1 12/24 R0560130P 05/24 1

Reference Number: SC00001

Customer PO #:

000679

**Document Type:** 

Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

Date Purchased & Ref :

SHIPPED TO:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name: Address:

Name: Address:

Date Received & Ref:

## (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049403

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Latuda 80 80mg Tablet, 30 EA

63402-0308-30

Lot Number Quantity **Expiration Date** 1281C30P 11/23 1 1363C30 1 12/24 R1005430P 10/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Sunovion Pharmaceuticals Inc. Manufacturer's information: Marlborough, MA 01752

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO: Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049404

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Prezcobix 800mg/150mg Tablet, 30 EA

Customer PO #:

Reference Number: SC00001

59676-0575-30 NDC:

Lot Number Quantity **Expiration Date** 20MG466 09/22 11 20CG988 2 02/22 20LG390 1 09/22

**Document Type:** 

000679 Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Name: Address:

SHIPPED TO:

Date Purchased & Ref :

Date Purchased & Ref:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049405

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Prezcobix 800mg/150mg Tablet, 30 EA

Reference Number: SC00001

59676-0575-30 NDC:

20JG269

Lot Number Quantity **Expiration Date** 20MG473 10/22 5 20KG334 1 08/22 07/22

1

Customer PO #: **Document Type:**  000679 Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC

Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

SHIPPED TO:

Date Purchased & Ref: Date Received & Ref:

SOLD TO:

Name:

Address:

Name:

Address:

Date Purchased & Ref : Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049406

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Prezcobix 800mg/150mg Tablet, 30 EA

Reference Number: SC00001

59676-0575-30 NDC:

Lot Number Quantity **Expiration Date** 20LG388 09/22 4 20CG935 1 01/22 08/22 20KG337 1

Customer PO #:

000679

**Document Type:** Reference Date:

Invoice 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO: Name:

Address:

Name: Address:

Date Received & Ref:

SOLD TO:

Date Purchased & Ref:

Name:

Address:

SHIPPED TO: Name:

Address:

Date Purchased & Ref : Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049407

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Prezcobix 800mg/150mg Tablet, 30 EA

59676-0575-30

Lot Number Quantity **Expiration Date** 20LG391 09/22 3

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049408

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Prezista 600mg Tablet, 60 EA

Reference Number: SC00001

59676-0562-01 NDC:

Customer PO #:

000679

Lot Number Quantity **Expiration Date** 19NG777 10/22 1

**Document Type:** 

Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Purchased & Ref: Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049409

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Quantity

Prezista 800mg Tablet, 30 EA

Customer PO #:

Reference Number: SC00001

59676-0566-30 NDC:

Lot Number

**Expiration Date** 

A982776

**Document Type:** 

Invoice

000679

20MG455 09/23 1

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Date Purchased & Ref:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Purchased & Ref :

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049410

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Selzentry 150mg Tablet, 60 EA

Customer PO #:

Reference Number: SC00001 000679

49702-0223-18 NDC:

Lot Number Quantity **Expiration Date** DC7960 11/23 2 DK4995 1 10/24 CK7695 01/24 1

**Document Type:** 

Invoice

Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO: Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Date Purchased & Ref:

Name:

Address:

Name:

SHIPPED TO:

Address:

Date Purchased & Ref : Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049411

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA

59676-0800-30 NDC:

Lot Number	Quantity	Expiration Date
19MG726	14	01/22
20GG129	3	02/23
20GG131	1	01/23

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Name:

OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO: Name:

Address:

SHIPPED TO:

Name: Address:

Date Purchased & Ref: Date Received & Ref:

SOLD TO:

Name: Address:

SHIPPED TO:

Name: Address:

Date Purchased & Ref : Date Received & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049412

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA

59676-0800-30 NDC:

Lot Number Quantity **Expiration Date** 20MG468 08/23 10 20EG062 2 01/23 1 06/23 20LG374X

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO: Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049413

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA

59676-0800-30 NDC:

Lot Number Quantity **Expiration Date** 20MG469 08/23 1 20KG322 2 04/23 06/23 20LG396 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

# (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049414

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Symtuza 800mg/150mg/200mg/10mg Tablet, 30 EA

59676-0800-30 NDC:

Lot Number Quantity **Expiration Date** 20AG853X 02/22 3

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: Janssen Products LP Manufacturer's information: Titusville, NJ08560

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021

SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

A982776

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049415

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Tivicay 50mg Tablet, 30 EA

49702-0228-13 NDC:

Lot Number Quantity **Expiration Date** TD4W 12/25 5 TD5D 2 12/25 8L3M 1 08/25

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049416

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Tivicay 50mg Tablet, 30 EA

49702-0228-13 NDC:

Lot Number Quantity **Expiration Date** VT3C 10/24 3 YV5H 2 12/25 YV5J 1 12/25

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC

Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

Date Purchased & Ref:

SOLD TO: Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049417

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Tivicay 50mg Tablet, 30 EA

49702-0228-13 NDC:

Lot Number Quantity **Expiration Date** LD3H 11/25 2 WF2G 1 10/24 8N2Y 10/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049418

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Tivicay 50mg Tablet, 30 EA

49702-0228-13 NDC:

Lot Number Quantity **Expiration Date** 7H6G 01/26 2 Y22W 1 08/25 Y22X 08/25 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name: Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#00000049419

# (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Tivicay 50mg Tablet, 30 EA

49702-0228-13

Lot Number Quantity **Expiration Date** 9R2Y 10/24 1

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

NDC:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Name: Address:

Date Purchased & Ref :

Date Purchased & Ref:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049420

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Triumeq 600/50mg/300mg Tablet, 30 EA

49702-0231-13 NDC:

Lot Number	Quantity	Expiration Date
RV5B	4	11/22
3L8S	2	11/22
GS5G	1	10/22

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name:

Address:

SHIPPED TO:

Name:

Address:

Date Received & Ref:

SOLD TO:

Name:

Address:

Date Purchased & Ref :

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Drug Supply Chain Security Act Document Doc#0000049421

## (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Triumeq 600/50mg/300mg Tablet, 30 EA

49702-0231-13 NDC:

l	Lot Number	Quantity	Expiration Date
	AU7C	2	02/23
l	XC8B	2	11/22
l	RN2K	1	10/22

Reference Number: SC00001

Customer PO #: 000679

**Document Type:** Invoice

Reference Date: 6/9/2021

## (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776 SHIPPED TO:

INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

SHIPPED TO:

OMOM PHARMACEUTICALS INC Name: Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

6747211 Date Purchased & Ref: 06/07/2021 Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

SHIPPED TO:

SAFE CHAIN SOLUTIONS - UT Name: Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679 Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name: Address:

SHIPPED TO:

Name: Address:

Date Purchased & Ref: Date Received & Ref:

SOLD TO:

Name: Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

OMOM PHARMACEUTICALS INC

# Drug Supply Chain Security Act Document Doc#0000049422

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

Triumeq 600/50mg/300mg Tablet, 30 EA

NDC: 49702-0231-13

Lot Number Quantity Expiration Date

S66V 2 11/22

Reference Number: SC00001

Customer PO #: 000679

Invoice

Document Type: Reference Date:

6/9/2021

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare Manufacturer's information: RTP, NC 27709

SOLD TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Purchased & Ref: 05/28/2021 A982776

SHIPPED TO:

Name: INDEPENDENT PHARMACY COOPERATIVE

Address: 1550 COLUMBUS STREET

SUN PRAIRIE, WI 53590

Date Received & Ref: 05/28/2021 A982776

SOLD TO:

Name: OMOM PHARMACEUTICALS INC
Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

RANCHO COCAMONGA, CA 91730

Date Purchased & Ref: 06/07/2021 6747211

SHIPPED TO:

Name: OMOM PHARMACEUTICALS INC Address: 9265 ARCHIBALD AVENUE

RANCHO CUCAMONGA, CA 91730

Date Received & Ref: 06/07/2021 6747211

SOLD TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Purchased & Ref: 06/09/2021 000679

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS - UT Address: 1812 W SUNSET BLVD ST 34

ST. GEORGE UT 84770

Date Received & Ref: 06/09/2021 000679

SOLD TO:

Name: Address: SHIPPED TO:

Name:

Address:

Date Received & Ref :

SHIPPED TO:

SOLD TO:

Name:

Address:

Name:

Address:

Date Purchased & Ref:

Date Purchased & Ref:

Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

#### (TS) Transaction Statement

Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: 5

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:

Tivicay 50mg, 30 tablets

NDC: 49702-228-13

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	<b>Expiration Date</b>	Quantity
X49P	03/25	1
2Y7S	10/24	1
596M	01/26	1
759H	05/24	1
7H6G	01/26	1

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold	to:
------	-----

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 8189288670102

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 8189288670102

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 2

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.

Invoice

- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

**Expiration Date Lot Number** Quantity Drug name, Strength, Dosage form, Container Size: Latuda 20mg, Tablets, 30 ea 03/25 7036C30 7034C30P 01/25 1 NDC: 63402-302-30 000761 **Customer PO:** Reference Number: 50022065 Reference Date: 06/17/21

#### (TH) Transaction History

Manufacturar	'c '	Nama	Supovior	D	harmaceauticals
Manufacturer	· O	manne.	Sunovion		narmaceauncais

Sold to: Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive

**Document Type:** 

Conroe, TX 77303

Date Purchased & Ref: 04/26/21 820928867187

### Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/26/21 820928867187

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### **(TS) Transaction Statement**

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 4

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer: SAFE CHAIN SOLUTIONS** 

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

**Lot Number Expiration Date** Quantity Drug name, Strength, Dosage form, Container Size: Dovato 50mg/300mg, Tablets, 30 ea F44T 02/23 3 FB2B 02/23 NDC: 49702-246-13 000761 **Customer PO:** Reference Number: 50022065 Reference Date: 06/17/21 **Document Type:** Invoice

#### (TH) Transaction History

# Manufacturer's Name: ViiV Healthcare

# Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

Address: 5400 Laurel Springs Pkwy Ste 803A

Date Purchased & Ref: 06/16/21 3002781907

Conroe, TX 77303 Date Purchased & Ref: 04/21/21 820928867102

Shipped to:

Shipped to:
Name: Cintex Services LLC
License Number: PHW004662

Name: Mckesson Corporation

License Number: 0082692

Address: 3301 Pollok Drive

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

### Sold to:

Sold to:

Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Suwanee, GA 30024

Name: Cintex Services LLC

License Number: PHW004662

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date **06/17/21** Invoice #: 50022065 Quantity: 1

Current Seller: CINTEX SERVICES LLC

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act

- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

**Lot Number Expiration Date Ouantity** Drug name, Strength, Dosage form, Container Size: Edurant, 25mg, 30 tablets JEL2600.A 04/22 NDC: 59676-278-01 000761 **Customer PO:** Reference Number: 50022065 Reference Date: 06/17/21 **Document Type:** Invoice

#### (TH) Transaction History

Manufacturer's Name: Janssen Products, LP	Manuf	acturer'	's Name	: Janssen	Products.	LP.
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Sold to: Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive

Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive

Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 2

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.

Invoice

- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

**Lot Number Expiration Date** Quantity Drug name, Strength, Dosage form, Container Size: Isentress 400mg, 60 tablets T024536 09/22 U012481 07/23 NDC: 0006-0227-61 000761 **Customer PO:** Reference Number: 50022065 Reference Date: 06/17/21

(TH) Transaction History
Manufacturer's Name: Merck & Co., Inc.

Sold to:	
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Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

**Document Type:** 

Date Purchased & Ref: 04/23/21 820928867290

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/23/21 820928867290

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

# Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

Document Number: 000007130479 Page 1 of 1

**Drug Supply Chain Security Act Document** 

#### **(TS) Transaction Statement**

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 10

#### Current Seller: CINTEX SERVICES LLC

(X) Is authorized to do the transfer as required under the Drug Supply Chain Act

- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:
Juluca 50mg/25mg, 30 tablets

NDC: 49702-242-13

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	<b>Expiration Date</b>	Quantity
2W3S	10/23	4
K59K	11/23	4
R49Y	01/23	1
CT5U	12/22	1

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sal	Ы	to	٠.

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref:06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### **(TS) Transaction Statement**

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 1

**Current Seller:** CINTEX SERVICES LLC

(X) Is authorized to do the transfer as required under the Drug (X) Have receive

- Supply Chain Act (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

**Lot Number Expiration Date** Quantity Drug name, Strength, Dosage form, Container Size: Prezista 600mg, 30 tablets 02/24 21BG590 NDC: 59676-562-01 000761 **Customer PO:** Reference Number: 50022065 Reference Date: 06/17/21 **Document Type:** Invoice

#### (TH) Transaction History

Manufacturer's Name: Janssen Products, LP.	Manufa	acturer's	s Name:	Janssen	Products.	LP.
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# **Sold to:**Name: Mckesson Corporation

License Number: 0082692
Address: 3301 Pollok Drive
Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 14

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:
Prezista 800mg, 30 tablets

NDC: 59676-566-01

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	<b>Expiration Date</b>	Quantity
20MG455	09/23	7
20MG452	09/23	4
20EG104	05/23	1
20LG416	09/23	1
20LG415X	05/23	1

#### (TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

#### Sold to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref:06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 8

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:
Prezcobix, 800mg/150mg, 30 tablets

NDC: 59676-575-30

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	<b>Expiration Date</b>	Quantity
20MG473	10/22	3
20NG476	10/22	2
21AG538	11/22	2
21AG542	10/22	1

#### (TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sol	d	to:
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Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

### Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 2

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:

Symtuza, 800mg/150mg/200mg/10mg, 30 tablets

NDC: 59676-800-30

Customer PO: 000761

**Reference Number:** 50022065

**Reference Date:** <u>06/17/21</u>

**Document Type:** <u>Invoice</u>

Lot Number	<b>Expiration Date</b>	Quantity
21BG558	11/23	1
20AG853X	02/22	1

#### (TH) Transaction History

Manufacturer's Name: Janssen Products, LP.

Sold to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 48

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Symtuza, 800mg/150mg/200mg/10mg, 30 tablets			
NDC:	59676-800-30		
Customer PO:	000761		
Reference Number:	50022065		
Reference Date:	06/17/21		
Document Type:	Invoice		

Lot Number	<b>Expiration Date</b>	Quantity
20MG469	08/23	18
21AG553	09/23	8
20MG468	08/23	6
20HG204	03/24	5
20KG322	04/23	4
20GG131	01/23	3
20HG203	03/23	2
20GG129	02/23	1
20EG062	01/23	1

#### (TH) Transaction History

Manufacturer 8 Manie, Janssen Froducts, Li	Manufacturer'	s Name: Janssen	Products, 1	LP.
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Sold Name	to	):	
Nom	٠.	1	10

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/19/21 820928867010

# Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 20

#### Current Seller: CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Tivicay 50mg, Tablets, 30 ea			
NDC:	49702-228-13		
Customer PO:	000761		
Reference Number:	50022065		
Reference Date:	06/17/21		
Document Type:	Invoice		

Lot Number	<b>Expiration Date</b>	Quantity
N56M	03/26	7
E88N	02/26	6
885M	04/25	1
GB2B	05/25	1
HC6L	01/25	1
LD3H	11/25	1
RT6F	09/23	1
TD5D	12/25	1
WX8M	10/24	1

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Sold	to:
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Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 8189288670102

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 8189288670102

### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: 06/17/21 Shipment Date 06/17/21 Invoice #: 50022065 Quantity: 27

#### **Current Seller:** CINTEX SERVICES LLC

- (X) Is authorized to do the transfer as required under the Drug Supply Chain Act
- (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size: Triumeq 600mg/50mg/300mg, 30 tablets			
NDC:	49702-231-13		
Customer PO:	000761		
Reference Number:	50022065		
Reference Date:	06/17/21		
Document Type:	Invoice		

Lot Number	<b>Expiration Date</b>	Quantity
KW7S	03/23	9
XC8B	11/22	3
M44B	03/23	2
LN6U	03/23	2
BK7M	02/23	2
RH3L	12/22	4
EB3D	12/22	3
AU7C	02/23	1
T64L	03/23	1

#### (TH) Transaction History

	Manuf	acturer	's Name:	ViiV	Healthcare
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Nam	ρ.	М	<u>ر</u> ا

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

# Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

#### Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document** 

#### (TS) Transaction Statement

Transaction Date: **06/17/21** Shipment Date **06/17/21** Invoice #: **50022065** Quantity: 5

**Current Seller:** CINTEX SERVICES LLC

(X) Is authorized to do the transfer as required under the Drug (X) Have received the production

- Supply Chain Act (X) Did not knowingly ship a suspect or illegitimate product.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.
- (X) Have received the product from a person that is authorized under the Drug Supply Chain Act.

**Current Buyer:** SAFE CHAIN SOLUTIONS

- (X) Received the transaction information and transaction statement from the prior owner as required under the section 582 of the Drug Supply Chain Security Act.
- (X) Had systems and processes in place to comply with verification requirements under section 582
- (X) Did not knowingly provide false transaction information.
- (X) Did not knowingly after the transaction history.

#### (TI) Transaction Information

Drug name, Strength, Dosage form, Container Size:
Triumeq 600mg/50mg/300mg, 30 tablets

NDC: 49702-231-13

Customer PO: 000761

Reference Number: 50022065

Reference Date: 06/17/21

Document Type: Invoice

Lot Number	<b>Expiration Date</b>	Quantity
EK5N	04/22	1
BA8L	02/23	1
3L8S	11/22	1
N78R	05/22	1
N78V	05/22	1

#### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

# Shipped to:

Name: Mckesson Corporation License Number: 0082692 Address: 3301 Pollok Drive Conroe, TX 77303

Date Purchased & Ref: 04/21/21 820928867102

#### Sold to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Shipped to:

Name: Cintex Services LLC License Number: PHW004662

Address: 5400 Laurel Springs Pkwy Ste 803A

Suwanee, GA 30024

Date Purchased & Ref: 06/16/21 3002781907

#### Sold to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613 Date Purchased & Ref: 06/17/21 50022065 Shipped to:

Name: Safe Chain Solutions License Number: DO3211 Address: 822 Chesapeake Drive Cambridge, MD 21613

Date Purchased & Ref: 06/17/21 50022065

**Drug Supply Chain Security Act Document**